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DATE 10-10-2001 BY 60322 UCBAW

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Sultzman

FILED AUG 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25378

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Missouri b. COUNTY Marion				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal			c. CITY OR TOWN Hannibal				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital			d. STREET ADDRESS (If outside, give location) 1001 Fulton				
3. NAME OF DECEASED (Type or print) First Ellen Middle Logal Last Logal			4. DATE OF DEATH Month 7 Day 21 Year 57				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			
8. DATE OF BIRTH 7/13/1910		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 4 Days 10 Hours 0 Min. 0			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Oklahoma			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Robert Harsell		14. MOTHER'S MAIDEN NAME Myrtle Shinn			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mr. Raymond Logal, 1001 Fulton Ave., Hannibal, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Pyelonephritis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 6000						INTERVAL BETWEEN ONSET AND DEATH 2 mos. 3-4 mos.	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 7-14-57 to 7-21-57 and last saw her alive on 7-21-57 Death occurred at 2:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE F. E. Sultzman M.D. (Degree or title)		22b. ADDRESS 115 N. 5th St. Hannibal, Mo.		22c. DATE SIGNED 7-22-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/25/57		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery			
23d. LOCATION (City, town, or county) (State) Hannibal, Missouri							
24. FUNERAL DIRECTOR Wm O'Donnell ADDRESS Hannibal, Mo.		25. DATE RECD. BY LOCAL REG. 7/26/57		26. REGISTRAR'S SIGNATURE Wm Lucke By H.C. Fisher			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 30 1957
MARION CO. HEALTH DEPT.
DATE FILED JUL 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *N M O'Donnell*

Licensed Embalmer No. 368

P. O. Address Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.